

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting October 24-25, 2013

Members Present: Brad Hawk, Deb Jendro, Sara Highum, Derek Solberg, Delores Hummel, Sandy Thompson, Jane Johnson, Jodi Stittsworth, Gail Schauer, Kim Osadchuk, Michelle Gayette, Debbie Baier, Robyn Throlson, Teresa Larsen, JoAnne Hoesel, Jeffrey Olson

Staff Members Present: Lauren Sauer, Susan Wagner, Wendy Borman, JoAnne Hoesel, Dawn Pearson, Lacrosha Graham

A quorum was present and the meeting called to order by Deb Jendro, Council Vice Chair.

Introductions: Members introduced themselves.

Approval of Minutes: Derek Solberg moved to accept the minutes as drafted. Theresa Larsen seconded. Motion carried.

Additions to the Agenda: Teresa Larsen asked that the Council discuss recognition of Steve McWilliams.

Public Comment: None

Election of Officers: JoAnne Hoesel was in attendance representing the Nominating Committee. A slate of nominees for officers was prepared for Council consideration: Deb Jendro for Chair and Deb Johnson for Vice Chair. Sara Highum moved to accept the slate. Teresa Larsen seconded. Motion carried.

EBP Presentation: JoAnne Hoesel gave a presentation on the evidence-based practices that the Division is involved with, including the outcomes of those programs. Refer to the attached.

Calendar for the upcoming year: Lauren Sauer facilitated a planning session for the Council's next two years. Please refer to the attached.

Meetings for the upcoming year will be January 22 – 23, 2014; April 16-17, 2014; July 23-24, 2014; October 22-23, 2014. A standing agenda was created and can be found below.

Consumer and Family Network Update: Sara Highum representing the North Dakota Consumer and Family Network provided an update on their activities. The CFN received a grant from SAMHSA to focus on wellness education and programs. In

September, Nancy McKenzie visited all Recovery Centers in North Dakota and made presentation on the Affordable Car Act and Healthcare.org. As a part of the grant, the CFM will be hiring one consumer in each region to conduct wellness activities a couple of hours per week. The CFN Board remains active and hold monthly conference calls. They are looking for someone to represent the Devils Lake region. Prospective members should contact Sara Highum, Nancy McKenzie, or Susan Helgeland. The CFM is actively planning for the next conference, which will be in Bismarck. The CFN has created a webpage and Facebook page.

Division Reports:

Lauren Sauer:

Extended Services: One of the programs I oversee is the Mental Health and Other Extended Services Program. For those who are unfamiliar with Extended Services, let me give you some background. Supported Employment, a program of Vocational Rehabilitation, is designed to provide services to individuals with the most severe disabilities. The services are meant to maximize the individual's integration into the community and his/her personal and financial independence. Elements central to supported employment include: job match, job placement, job training, employer and co-worker training and consultation, development of natural supports and ongoing employment support. The Extended Services Program assists consumers to maintain the integrated, competitive, community-based employment achieved during their time spent under the Supported Employment Program. In North Dakota, there are two Extended Services Program: Developmental Disabilities Extended Services and the Mental Health and Other Extended Services Program. Our program works with individuals that have a serious mental illness (Mental Health) or those individuals that do not qualify for mental health or DD extended services. We contract with Rocky Mountain Rehab to administer the program. They have created a web-based data collection and billing system, which has resulted in a paperless system for the program. Mental Health and Other Extended Services is a slot-based (221), flat monthly rate program (\$364/person served/month).

Some statistics from the program:

- There are 164 SMI slots of which 149 are filled.
- There are 51 Other slots of which 51 are filled.
- There are 6 TBI slots of which 6 are filled.
- The average hourly wage of consumers in the program is \$8.67.
- The average monthly earnings of consumers is \$686.14.
- The CITI Ratio (Cost of Intervention: Total Income) is 1.89 meaning that for every \$1 spend on providing services, consumers earn \$1.89.

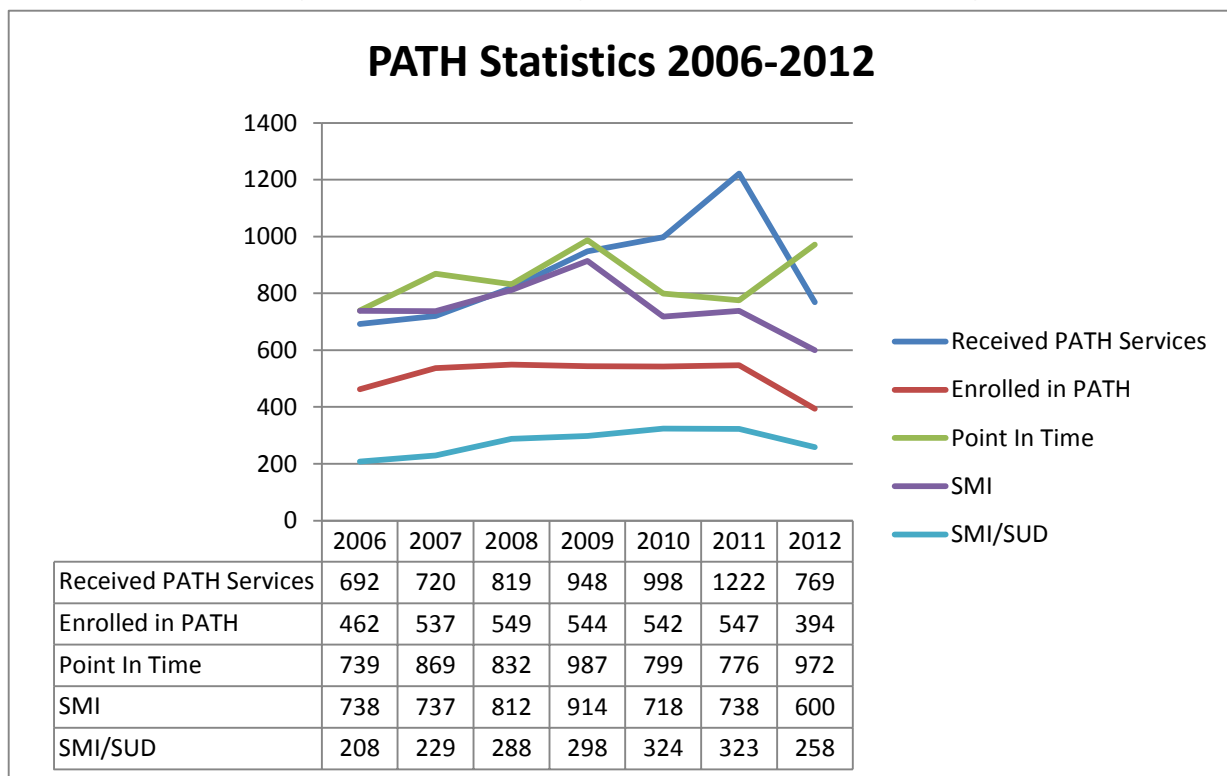
Projects for Assistance in Transition from Homelessness (PATH): PATH is a program that works with individuals who are diagnosed with a serious mental illness or co-occurring serious mental illness and substance use disorder or are homeless or at imminent risk of homelessness. North Dakota receives \$300,000 per year from

SAMHSA for this program. There is a PATH Coordinator in each regional human service center that carries out the activities of this position. This is a case management position.

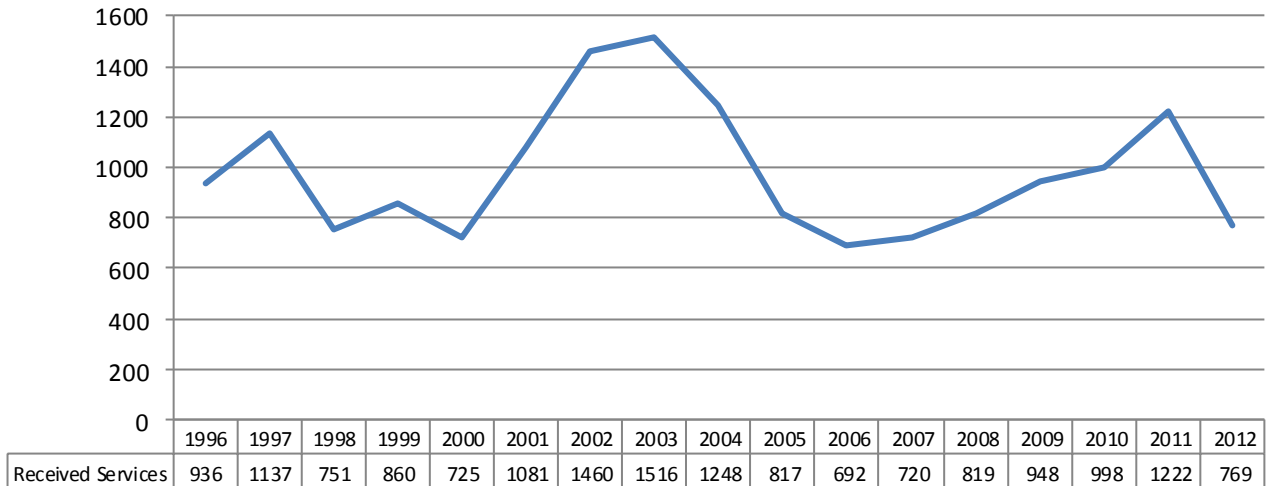
I am handing around a chart with some statistics. As you can see, there was a dip in the number of people seen in the PATH program during 2012. Inquiries made to the PATH Coordinators confirmed that they, indeed, were seeing less people. The reason is unknown. There is an anomaly in the 2011 data, however. The 2010 flood in Minot resulted in a large number of people being seen by the PATH Coordinator (those numbers are reflected in the 2011 data). Because of the flood, there was no housing available and, according to the PATH Coordinator, individuals were seeking services in other regions. This caused a dramatic reduction in the 2012 numbers (a drop of 340 in the Minot area). We are experiencing a change over in PATH personnel. The PATH Coordinator in Williston resigned this summer, the Minot Coordinator resigned effective the end of October, and the Dickinson Coordinator retired at the end of August. And, within the past year, a new Coordinator was hired in Jamestown. Program changes such as these do impact statistics, too, due to lapses in staff coverage and record keeping and the learning curve. It is also interesting to see with the second chart, that program usage seems to cycle. I do not know of a cause of this phenomenon.

The PATH program nationwide is starting to transition its data collection to the Homeless Management Information System. There will be a number of webinars I will be attending during the upcoming months concerning this transition.

This winter and spring I will be conducting site visits of the PATH programs.



PATH - Number of Individuals Receiving Service 1996-2012



Block Grants: The block grants that you helped us with this year were submitted to SAMHSA prior to September 1, 2013. We have already received some minor revisions to the Substance Abuse Prevention and Treatment portion of the application and are currently working on them. We have not yet received anything for the Mental Health portion of the application.

Every 3-5 years, SAMHSA conducts a review of the block grant programs in a state. This includes a fiscal review and a programmatic review. They also visit two human service centers. In the past, reviews were conducted according to program area: One review from CMHS for mental health, one review from CSAT for substance abuse treatment, and one review from CSAP for substance abuse prevention. Keeping with the transition to a combined application, SAMHSA is starting to conduct combined reviews. North Dakota asked to be considered for a combined review, allowing for a more streamlined and efficient process. North Dakota will be receiving a combined review which is tentatively slated for September of 2014. Some of you may be asked to take part in the review as members of the Council. We will provide you with more details the closer we get to the review.

Mental Health Technician Certification Program: In order to be able to bill for case aide services, individuals must be certified as a mental health technician. I administer this certification program for the Department. To date, 728 individuals from 23 different agencies have been certified.

Behavioral Health Conferences: The Division sponsored the Spring 2013 and Fall 2013 Behavioral Health Conferences this year. Nearly 500 clinicians, consumers, and

other stakeholders attended. Next year's conferences will be held May 12-14, 2014 and September 2-4, 2014 at the Ramkota Hotel in Bismarck.

Aging and Mental Health: On April 19th I will be presenting at the North Dakota Symposium on Home and Community Based Services. I will be speaking on Mental Health and Substance Abuse Issues in Older Adults. As an added bonus for Council members, I will be willing to provide this presentation to you for free at the April Council meeting.

Human Service Center Licensing Reviews: Each biennium the Department must conduct license reviews of the regional human service centers. A team of reviewers is gathered representing the Divisions of Mental Health and Substance Abuse Services, Children and Family Services, and Developmental Disabilities, along with contracted providers including a psychologist, nurse, licensed addition counselor, and a consumer/family member. During the past few years we have completed reviews of four centers the first year of the biennium and the remaining four the second year of the biennium. We will be reviewing the human service centers on the western half of the state this year. Dates have not yet been finalized.

Tobacco Use and Recovery Conference: The American Lung Association is sponsoring a conference for mental health professionals and partners called, "Tobacco Use and Recovery Among Individuals with Mental Illness or Addiction." Dr. Jill Williams from the Robert Wood Johnson Medical School, Division of Addiction Psychiatry, will be the presenter. The presentation will include the topics of:

- Prevalence of tobacco use among mental health and substance use consumers
- Understanding tobacco addiction
- Incorporating assessment of tobacco dependence into clinical practice
- Using motivational assessment and psychosocial treatments
- Pharmacologic treatments

The conference will be November 12, 2013 from 8:30am – 4pm at the Radisson Hotel in Bismarck. The cost is \$45. You can register at Action.Lung.org/NDMentalHealthTraining.

Susan Wagner: The Out of the Darkness Walk to support suicide prevention was held September 7, 2013 on the North Dakota Capitol Grounds. There were 515 registered to walk. The walk received a large number of donations, which speaks to the community's acknowledgement of the issue and support of the prevention activities. International Survivors Day will be November 23, 2013. Integrated Dual Disorders Treatment is being implemented across the state. Williston, Minot, Grand Forks have an informal team working towards implementing the model. They have not yet completed a baseline review, which should be completed within the next few month. The Fargo program continues to be a stellar program. The evidence-based model of Supported Employment is now in three regions of the state, with plans to continue rollout to other regions. Traumatic Brain Injury programming continues within the Department. DHS received funding for Resource Facilitation, which is similar to case management.

Resource facilitation helps people determine what services are available, how to navigate system, and provides informal advocacy, assistance and emotional support. The Department has a contract with the UND Center for Rural Health for those services. There will be 3 resource facilitators hired across the state. There is an increased number of contracts for social and recreation services. Three of those are in the Fargo region, one is in Bismarck, and one is in Grand Forks. Susan continues to work with the Medical Services Division with drafting a Medicaid waiver. She continues to lead the Department's Olmstead efforts, as well.

Wendy Borman: The Department recently received a system of care expansion planning grant from SAMHSA. She provided an overview of the system of care and the grant. All residential treatment facilities will be receiving two day training to become trauma informed next week. Wendy provided an overview of trauma treatment statistics for North Dakota, including SPARCS and TFCBT.

Dawn Pearson: Dawn provided an update on the Recovery Council, an 18 member group whose mission it is to build a recovery community for substance use issues and to address the stigma associated with those issues. The Council has been active in implementing telephone recovery support, Heartview's Heart Program, Recovery Events stipends (events in Bismarck, Jamestown, Fargo brought together 500 people). The Council was also instrumental with obtaining a Governor's Proclamation for Recovery Month. The Council has been involved in the ROSC community learning calls each month, too. The Council will be focusing on the establishment of recovery centers. Dawn administers the contracts for the mental health Recovery Centers. A lot of changes to the program have been made during the past year to provide consistency in programming statewide. Each center has a Peer Support coordinator. Dawn also noted that Illness Management and Recovery, an evidence-based practice, will be implemented in the Fargo region. Dawn is overseeing the process to draft administrative rules for the Opioid Treatment Programs and revising the Substance Abuse Treatment and Human Service Center Licensing administrative rules.

JoAnne Hoesel: JoAnne updated on legislative activities. Hearings include: October 29, 2013 Human Services Interim Committee will be looking at study of behavioral health needs of youth and adults; study of home and community-based services; and study of a comprehensive system of care for individuals with brain injury. On December 9-10, the Alternatives to Incarceration will be meeting in Fargo and Jamestown. They will see the Mobile Crisis Team in Fargo, Transitional Living Facilities and the IDDT program. On November 4 the Department is set to kick off the prevention grant: SPF-SIG. Sequestration continues to be an issue as Congress has not yet passed a 2014 budget. Additional budget cuts could result if a budget is not passed. North Dakota's Medicaid Expansion project received two applications in response to the issued RFP. A reminder that the Department will start budget building in the spring.

Other Business: Teresa Larsen suggested that the Council make a monetary donation to an organization of its choice as a memorial to Steve McWilliams, immediate past Chair of the Council. Derek Solberg moved that any donations received from the

Council be directed to the Consumer and Family Network as a memorial to Steve McWilliams. Delores Hummel seconded. Motion carried.

Lauren Sauer presented application information received from Tim Wicks to fill the vacant position of Combat Veteran on the Council. The Council approved and the application will be forwarded to the Governor's Office for consideration.

Next Meeting: January 22, 2014 from 1:00pm -4:00pm at the Comfort Inn in Bismarck
January 23, 2014 from 9:00am-Noon at the Comfort Inn in Bismarck

Adjourn: The meeting adjourned at 10:30am.

Agenda Items for the Next Meeting:

- Introductions
- Approval of Minutes
- Additions to the Agenda
- Public Comment
- Status updates from the working groups
- Report from the ND Recovery Council
- Recovery Center Updates
- Update on Impact of ACA on Services in North Dakota
- Division Priority Areas/Block Grant Goals
- CFN Update
- Division Reports
- Other Business
- Adjourn

ND Legislature
Human Services Committee

October 29, 2013
Department of Human Services

Evidence-based Services
Provided & Outcomes

By JoAnne Hoesel, Director
Division Mental Health & Substance
Abuse

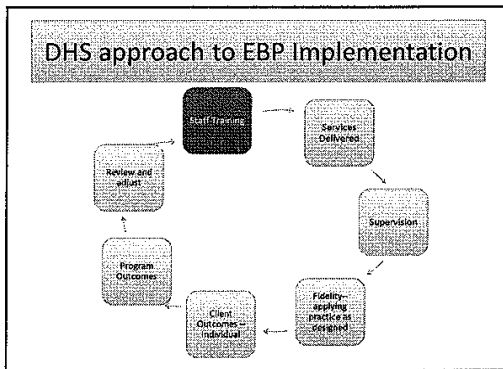
Service Delivery Defined

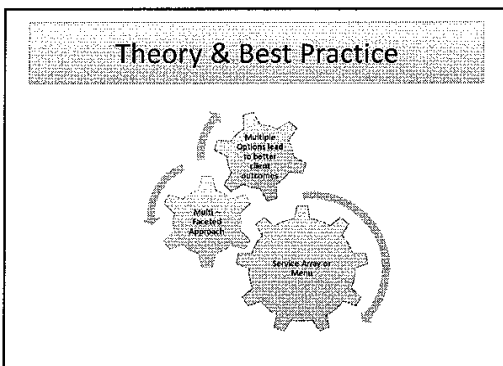
Services Delivery Form

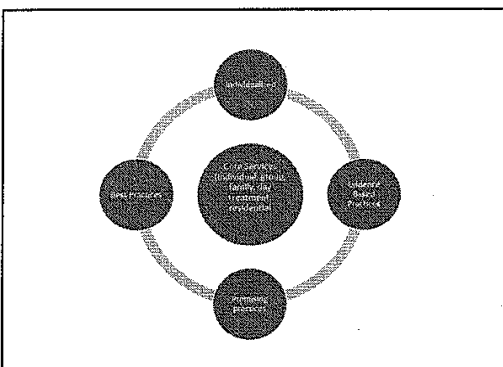
- Form (structure, configuration)
- Individual, group, family, residential

Evidence-based Practices (EBP)

- Method (how) services are delivered within the form
- Individual therapy (form) is provided using motivational interviewing (practice)
- Group therapy (form) is provided using MATRIX model (practice)







Evidence-Based Practices Provided	
<ul style="list-style-type: none">• Motivation Interviewing• Integrated Dual Disorder Treatment• MATRIX• Trauma Practices – TF-CBT/AF-CBT/SPARCS• Supported Employment Program• Sex Offender High Risk Sex Offender Treatment – RULE-CPC• Dialectical Behavioral Treatment	<ul style="list-style-type: none">• Supported Employment Program• Wraparound case management-Partnerships• Mental Health First Aide -- provided funding for First Link to Provide three trainings per year

<p>EBP & OUTCOMES</p>

<p>MOTIVATIONAL INTERVIEWING</p>

Motivational Interviewing

Technique to help motivate people and guide them to manage their illness and behavioral health issues.

Motivational Interviewing

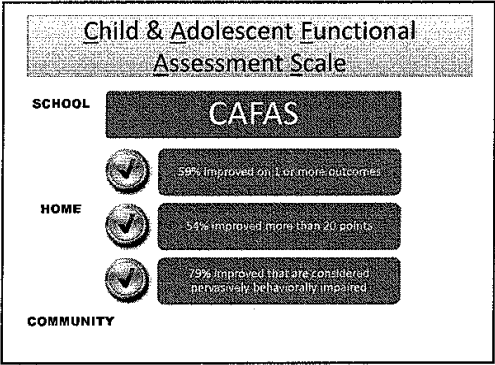
2009

- 239 clinicians trained
- 40 supervisors trained

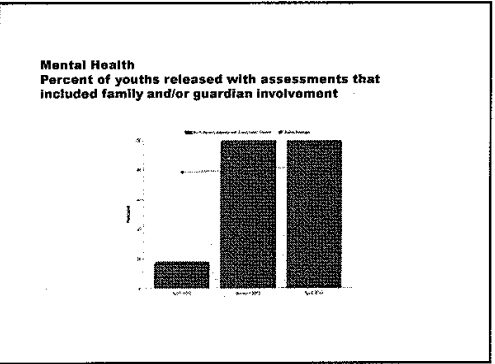
2013

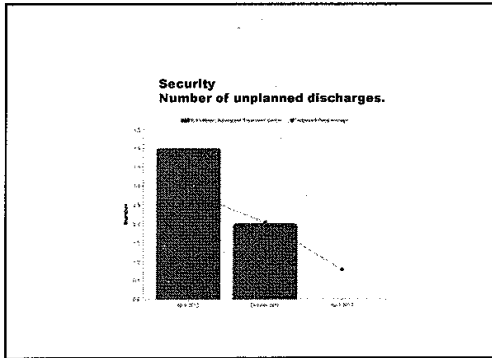
- 137 clinicians trained
- 34 supervisors trained
- 4 private provider staff trained

WRAPAROUND CASE MANAGEMENT- PARTNERSHIPS



RESIDENTIAL SERVICES – CHILDREN





INTEGRATED DUAL DISORDER TREATMENT (IDDT)

- January 2007 – August 2013
Outcomes**
- 70.7% decrease in average number of days homeless from month 1 to month 24.
 - 63.1% decrease for the average number of days in acute psychiatric hospital from month 1 to month 36.
 - 85.9% decrease for the average number of days in the NDSH from month 1 to month 36.
 - 89.6% decrease for the average number of days in crisis residential from month 1 to month 36.

SEX OFFENDER TREATMENT – HIGH RISK

Program Assessment

- Underwent a Correctional Program Assessment Inventory in 2008.
- Assessed against empirically derived principles of effective programs using tools in current best practice.
- Results scored in the 'Very Satisfactory' range.

RULE CPC

301

• Referrals

1.99%

• CPC clients have sexually reoffended in 6.25 years

20-29

• Age of almost 50% of clients in the program

MATRIX

MATRIX

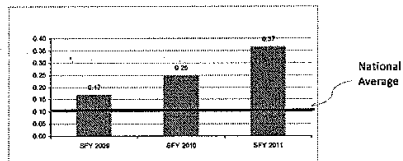
- 7 regional human service centers currently nationally certification from the Matrix Institute on Addictions.
- Meet and exceed an established set of standards.
- Onsite fidelity review completed fall of 2012.
 - Progress notes, materials, attendance, client and staff interviews, and tape review of an actual Matrix sessions were completed.

EXTENDED SERVICES

Extended Services

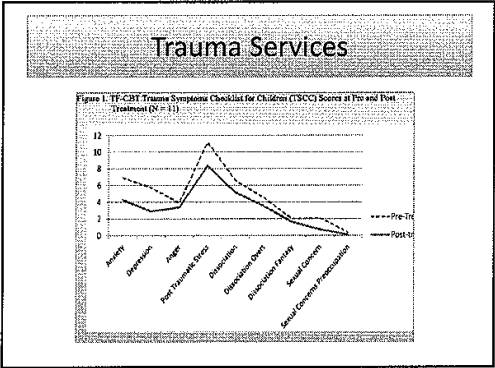
- Group Served- serious mental illness (SMI)
- GOAL- Person in program earns more from employment than the cost of the job support
 - 1.00 = earnings equal to cost of support
- Outcome: All earned more than cost of the support
- Ranges 1.41 to 2.20

Employment-SMI

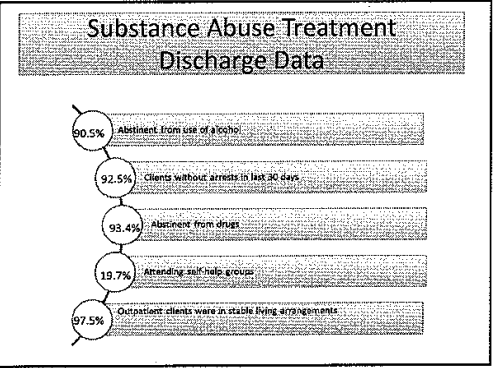


Percent of adults in North Dakota who receive public mental health services, are diagnosed with a serious mental illness (SMI), and are employed.

TRAUMA SERVICES



**SUBSTANCE ABUSE
TREATMENT**



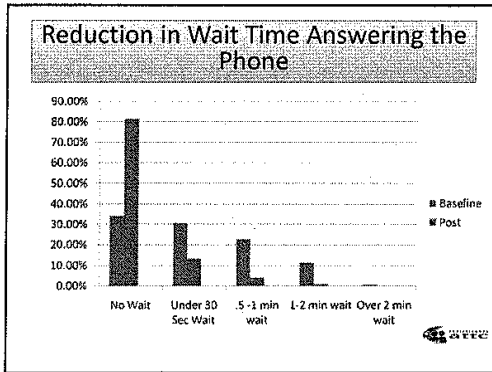
NIATX

NIATx

- Process Improvement Model
- Improve access to and retention in treatment
 - Reduce wait times
 - Reduce No-shows
 - Increase continuation in treatment

NIATx #1

- Lake Region Human Service Center
- Northeast Human Service Center
- Southeast Human Service Center



- ### NIATx #2
- Badlands Human Service Center-Dickinson
 - West Central Human Service Center - Bismarck
 - South East Human Service Center-Fargo
 - South Central Human Service Center - Jamestown

SUPPORTED EMPLOYMENT PROGRAM - SEP

SEP

- Used in 3 regions of the state for those in the IDDT program.
- 125 individuals served in the Fargo since 2009.
- In Fargo, of the 43 currently in the program, 22 are competitively employed.

- In Jamestown, since April of 2013, of the 7 involved, 3 are competitively employed.
- In Bismarck, of the 14 involved, 2 are competitively employed.

Future Rollout Plans

- CISM-Critical Incident Stress Management (DOCR-DOH-DHS-National Guard)
- CBISA – Cognitive Behavioral Intervention for Substance Abuse (DOCR)
- DBT – Dialectic Behavioral Therapy
- Trauma – Informed System of Care
- Medication Assisted Treatments -Vivitrol

NORTH DAKOTA MENTAL HEALTH AND SUBSTANCE ABUSE PLANNING COUNCIL STRATEGIC PLAN

For the Period October 2013 to October 2015

PRIORITY AREA	GOAL	ACTION STEPS	WHO RESPONSIBLE	DUE DATE
TRAUMA AND JUSTICE	Pilot a family court project for substance abuse and mental health youth and families.	1. Research existing family court models.	Group 1	April 2014
		2. Define funding sources and grant options.	Group 1	July 2014
		3. Obtain technical assistance/education for the Council concerning the chosen family court model and the implementation of it.	Group 1	April 2015
		4. Develop talking points and craft the message in support of model implementation	Group 1	July 2015
		5. Define and provide recommendations to the Court System for implementing a family court pilot project in North Dakota	Group 1	September 2015
RECOVERY SUPPORT	Publish a report on the strengths and needs of communities in all eight regions regarding mental health and substance abuse supports and services.	1. Schedule 4 sessions per year.	Small group of Council members (Group 2), CFN members, other community partners to be determined.	September 1, 2015
PUBLIC AWARENESS & SUPPORT	Advocate for funding that would assist in community education	1. Determine the timeframe (2015 budget or 2017 budget)	Group 3	January 2014
		2. Determine what avenue to use for community education	Group 3	January 2014
		3. Gather data to see what works best for educating the public, how it will be done, coverage	Group 3	January 2014
		4. Develop the message to be used in marketing campaign	Group 3	January 2014
		5. Develop the message for support of the project	Group 3	January 2014
		6. Determine the cost	Group 3	January 2014
		7. Determine who will advocate	Group 3	January 2014
		8. Determine who will approached (DHS, Gov. Office, Legislature, Other)	Group 3	January 2014
		9. Advocate	Group 3	January 2014

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* Denotes Group Leader